CHICAGO PATHOLOGY SOCIETY

ANNUAL DINNER SEMINAR RESERVATION FORM

ANNUAL SLIDE SEMINAR DINNER RESERVATION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name (and Member Number) | Chicken\* | Beef | Fish | Vegetarian | Member ($55) | Non Member ($75) |
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Use additional papers or photocopy if additional space needed. Please PRINT complete names of all guests, both members and non-members

Menu:

Beef Tenderloin

Bistro Style Chicken

**\*(Chicken plate will be served if no menu item is selected above)**

Grilled Norwegian Salmon

Vegetarian Plate (chosen by chef day of event)

 Number of Member Dinner Reservations: \_\_\_\_\_\_\_\_\_ x $55= $\_\_\_\_\_\_\_\_\_\_\_\_

 Number of NON Member Reservations: \_\_\_\_\_\_\_\_\_ x $75= $\_\_\_\_\_\_\_\_\_\_\_\_

 Subtotal Submitted for Dinner Reservations: $\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Slide sets:\_\_\_\_\_\_\_ @ $35 for members and

 $45 for non-members *per set* Slides Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_

 **Total amount remitted:** (Slides and Dinner) $\_\_\_\_\_\_\_\_\_\_\_\_

 MAKE CHECKS PAYABLE TO: CHICAGO PATHOLOGY SOCIETY

### YOU ARE NOT A MEMBER IF YOUR 2013-2014 DUES ARE NOT PAID

## Slides Mailing Address

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_